DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
WASHINGTON, D.C. 20307-5001

WRAMC Regulation
No. 40-8

18 April 2002

Medical Services
IMPLEMENTATION OF ADVANCE DIRECTIVES

1. History
This regulation supersedes WRAMC Regulation 40-8, dated 2 April 1999.

2. Applicability
The provisions of this regulation apply to health care providers and administrative support personnel assigned or attached to Walter Reed Army Medical Center (WRAMC).

3. Purpose
This regulation establishes policies and procedures for the effective administration and implementation of patients' Advance Directives.

4. References

a. Required Publications

(1) WRAMC Reg 40-3, 18 April 2002, Withholding and Withdrawing Life-Sustaining Treatment (WLS), Including Do Not Resuscitate (DNR) Orders.

(2) WRAMC Pam 40-10, The Advance Directive for Patients, 1 MAY 02.

(3) WRAMC Pam 40-11, Patient's Bill of Rights, 1 MAY 02.

(4) WRAMC Letter 712, Advance Directive, 1 DEC 94.

b. Related Publications

(1) Patient Self-Determination Act of 1990 (PL 101-508).

(2) AR 40-3, Medical, Dental and Veterinary Care 28JAN 2002.

(3) WRAMC Regulation 40-4, Hospital Ethics Committee (HEC) 18 APR 2002.

(4) Comprehensive Accreditation Manual for Hospitals (current edition).

5. Definitions

a. Adult. A person 18 years or older, emancipated minors (as determined by State law), and members of the armed forces.

b. Advance Directive. A written document which sets forth a person's desires concerning medical care to be provided should the person lack decision making capacity in the future. A written document may also designate a surrogate to make decisions on the patient's behalf. WRAMC Form Letter 712 is a document valid in Maryland, Virginia, and the District of Columbia. Living wills and powers of attorney are other examples of advance directives.

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*This regulation supersedes WRAMC Regulation 40-8, 2 April 1999.

c. Decision making capacity. Decision making capacity involves the ability to understand information (treatment modalities and consequences), to reason and deliberate sufficiently well about the choices involved in the medical care, and to communicate choices.

(1) The following individuals shall be presumed capable of making health care decisions, including the decision to forgo life-sustaining treatment, unless certified otherwise under paragraph 2 below:

(a) Any patient who has reached the age of 18 years.

(b) Any patient less than 18 who is either on active duty status with the armed forces, is an emancipated minor as determined by local law, or is a minor who under the circumstances is determined to be mature.

(2) A person who is incapable of understanding health care choices, or making a decision concerning particular treatments at issue (i.e. understanding the relevant risks, benefits, and alternatives to therapy - including no therapy), or communicating a decision, even if capable of making it, may be certified as incapacitated to make health care decisions as outlined below.

(a) Mental incapacity to make a health care decision shall be certified by the attending physician and a second physician, one of who shall have examined the patient within 2 hours before making the certification. The certification shall be based on a personal examination of the patient. If a patient is unconscious, or unable to communicate by any means, the certification of a second physician is not required.

(b) All professional findings and opinions forming the basis of certification under subsection (a) of this section shall be expressed in writing, included in the patient-care records of the individual, and provide clear evidence that the person is incapable of understanding the health care choice, making a decision concerning the particular treatment or services in question, or communicating a decision even if capable of making it.

(c) Minors under 14 years are categorically considered incapacitated to make health care decisions. If there is a question regarding a patient's participation in decision-making, or if there is disagreement among members of the medical care team, consultation should be sought with the Hospital Ethics Committee (HEC).

d. Do-Not-Resuscitate (DNR) order. A written order suspending the otherwise automatic initiation of cardiopulmonary resuscitation, that is, any means used to support ventilatory and/or circulatory function until spontaneously resumed or until artificial means are established or until the patient is pronounced dead.

e. Hospital Ethics Committee. A standing multidisciplinary committee that can assist in resolving ethical concerns pertaining to medical treatment decisions. This committee exists to assist all parties involved in the care of the patient in identifying ethical issues, defining their positions, and resolving potential areas of conflict. The HEC consultants are identified on the Administrative Officer of the Day (AOD) on-call roster.

f. Surrogate. A person designated to make medical decisions on behalf of a patient who lacks decisions making capacity. Other terms used for this person include guardian, proxy, agent, and substitute decision-maker. A surrogate has legal authority to act on behalf of the patient and has priority over any other person to act. A surrogate shall exercise substitute judgment for the patient, or, in the absence of knowledge of what the patient would want, will act in the best interest of the patient. However, unless specifically authorized by a court, the surrogate cannot provide consent to an abortion, sterilization, psychosurgery, convulsive therapy or behavior modification programs involving aversive stimuli.

g. Withhold or withdraw order. A written order not to initiate or to discontinue specific therapeutic modality(ies), including life-sustaining modalities.

(3) One copy of the completed "Advance Directive Patient Information" letter will accompany the patient to the ward to be included in the patient's inpatient record. If the patient brought a copy of their Advance Directive with them to the hospital, the admission clerk will make a copy of it and include that copy in the patient's admission paperwork.

(4) The "Advance Directive Patient Information" letter and any copy of the patient's Advance Directive are to be filed in the Advance Directive section of the inpatient record or "miscellaneous" section if there is no identified Advance Directive section.

d. Office of the Center Judge Advocate. The Office of the Center Judge Advocate will provide, upon request, legal advice and assistance to patients and staff concerning Advance Directives.

e. Other Support Services. Social Workers, Patient Representatives, Hospital Chaplains, and the Hospital Ethics Committee provide support, information and education to patients, families, and health care providers regarding Advance Directives.

7. Policies

a. Compliance with an advance directive is the standard of care at WRAMC. It is the responsibility of all members of the patient's Health Care Team to be familiar with the patient's wishes and execute them to the extent permitted by law and in accordance with policies and procedures.

b. All adults with decision making capacity have the right to be informed of their medical condition, and to participate in medical care decisions by means of an advance directive.

c. The WRAMC Pam 40-10, The Advance Directive for Patients, will be available in clinics, wards, Chaplains Office, Social Work Services, Patient Representative's Office, Admissions Office, and the Office of the Center Judge Advocate.

d. A patient may revoke or modify an advance directive verbally or in writing at any time. A revocation is effective when communicated to any health care provider responsible for the patient's care. This change shall be noted in the patient's record and noted on the advance directive. The attending physician shall be notified.

6. Responsibilities

a. Physicians.

(1) The primary care physician, attending physician, or the housestaff physician under the attending physician's supervision, shall discuss with the patient or surrogate the following: The patient's diagnoses, risks, benefits and consequences of proposed tests and treatment and whether the patient has an advance directive.

(a) If the patient has an advance directive, the physician shall discuss its implications with regard to medical care of the patient and request that the patient or surrogate bring a copy of the advance directive to WRAMC to be placed in the patient's chart.

(b) If the patient does not have an advance directive, the physician shall ask whether the patient desires information on one. If the patient desires such information, the physician shall offer to assist the patient in obtaining such information.

(2) The physician shall review the advance directive periodically, whenever the patient is admitted to a special care unit, and whenever there is a significant change in the patient's condition.

(3) If an advance directive specifies the withholding of cardiopulmonary resuscitation, a "DNR" order must be entered in the patient's medical record IAW WRAMC Regulation 40-3, Withhold and Withdraw Life-Sustaining Treatment (WLS) Including Do Not Resuscitate 2001.

(4) The physician should document these actions in the patient's medical record.

(5) The attending physician will complete the Advance Directive questions in the patient's Attending Admit Note on the WRAMC Clinical Information System (CIS).

b. Nurses

(1) Nurses conducting the initial patient admission assessment will document on the nursing database in CIS, whether or not the patient has an advance directive or, if the patient wishes to formulate one. If the patient has an advance directive, the nurse shall request the patient or surrogate to bring a copy of the advance directive for placement in the medical record.

(2) Nursing personnel caring for the patient with an advance directive shall be familiar with its contents.

(3) Nursing personnel caring for a patient who wishes to formulate an advance directive should offer to participate in its formulation.

(4) Nurses should document these actions in the patient's record.

c. Patient Administration Directorate (PAD) Personnel.

(1) Each patient will be given the "Advance Directive Patient Information" letter (WRAMC Form Letter 714) during the admission process by PAD personnel. The patient/guardian completes the form letter as appropriate and returns it to the admission clerk.

(2) Each patient is also given the "Patient's Bill of Rights " brochure (WRAMC Pam 40-11) and the "Advance Directive" brochure (WRAMC Pam 40-10) by the admission clerk during the admission process.

The proponent agency of this publication is the Walter Reed Army Medical Center Ethics Committee. Users are invited to send suggestions and comments on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-SCC, 6900 Georgia Avenue, NW, Washington, DC 20307-5001

FOR THE COMMANDER:

OFFICIAL:

JAMES R. GREENWOOD
COL, MS
Deputy Commander for
Administration

ERIK J. GLOVER
MAJ, MS
Executive Officer

DISTRIBUTION:
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